

HEALTH INFORMATION TECHNOLOGY COMMISSION**Minutes for the October 2014 Meeting**

Date: Thursday, October 16, 2014
1:00 pm – 4:00 pm

Location: MDCH
1st Floor Capitol View Building
Conference Room B & C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Gregory Forzley, M.D., Chair
Nick Lyon
Jill Castiglione
Irita Matthews
Michael Chrissos, M.D. (Phone)
Mark Notman, Ph.D.
Robert Milewski
Orest Sowirka, D.O. (Phone)
Nick Smith
Jim Lee
Patricia Rinvelt
Rodney Davenport, CTO

Commissioners Absent:**Staff:**

Meghan Vanderstelt
Phillip Kurdunowicz
Kimberly Bachelder

Guests:

Bruce Maki	Holly Standhardt	Wil Limp
Doug Copley	George Bosnjak	Jeremy Glasstetter
Angela Vanker	Michael Taylor	Theresa Vo
Dara Barrera	Chuck Dougherty	Trish Cortez
Mike Harding	Joel Wallace	Scott C Larsen
Larry Wagenknecht	Rick Wilkening	Sylvia Roemer
Umbrin Ateequi	Michelle Maitland	Jeff Chang
Mark Madrilejo	Philip Vigas	David Durkee
Shannon Stotenbur-Wing	Linda Pung	Helen Hill
Jacob Julia	Brandi Briones	

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, October 16, 2014 at the Michigan Department of Community Health with 11 Commissioners present.

A. Welcome and Introductions

1. Chair Dr. Gregory Forzley called the meeting to order at 1:11 p.m.
2. Chair Dr. Forzley asked the commissioners if they had updates that they wanted to provide to the commission.
3. Commissioner Lyon noted that Commissioner Milewski had recently been recognized by the Greater Detroit Area Health Council for demonstrating leadership in the health care sector.

B. Review and Approval of the 9/18/2014 Meeting Minutes

1. Chair Dr. Forzley presented the draft minutes from the last meeting to the Commissioners and asked for their review and approval of the document.
2. The commission unanimously approved the adoption of the minutes at 1:12 p.m.

C. Health Information Technology/Health Information Exchange Update

1. Chair Dr. Forzley asked Ms. Meghan Vanderstelt to provide an update on recent developments in the health information technology (HIT)/health information exchange (HIE) landscape. The PowerPoint slides associated with this presentation will be made available on the HIT Commission website after the meeting.
2. Michigan Health Information Network (MiHIN) Update – Ms. Vanderstelt noted that the MiHIN board recently approved the Northern Physicians Organization as a Qualified Organization (QO).
3. Michigan Department of Community Health (MDCH) Data Hub Update
 - a. Ms. Vanderstelt reminded the commissioners that Mr. Glenn Copeland recently presented on the Cancer Registry and the role that the Data Hub plays in transmitting messages.
 - b. Ms. Vanderstelt also mentioned that the MDCH Data Hub team will be able to begin working on new interfaces now that the Fiscal Year 2014 – 2015 Advance Planning Document has been approved.
4. Electronic Health Record (EHR) Incentive Program Update
 - a. Ms. Vanderstelt noted that the program did experience an uptick in the number of participants.
 - b. She also mentioned that hospitals may be waiting to attest because they need to submit a full year of cost report data in order to meet program requirements.
5. Michigan Center for Effective Information Technology Adoption (MCEITA) Update
 - a. Ms. Vanderstelt mentioned MCEITA's success with helping providers attest to meaningful use.
 - b. Ms. Vanderstelt also highlighted MCEITA's work on the Million Hearts initiative.
6. Ms. Vanderstelt also provided a review of the discussion topics for the HIT Commission over the past few months and noted how the 2015 topics for the commission could build on these discussions.
 - a. July Meeting – Meaningful Use (Bruce Maki and Laura Rappleye)
 - b. August Meeting – MiHIN's Use Case Factory (Dr. Tim Pletcher)
 - c. September Meeting – Patient Perspective of HIT
 - i. MI Health Button (Keelie Honsowitz)
 - ii. HIT Survey (Bill Corser)
 - d. October Meeting – Integration efforts between physical health and behavioral health
 - i. MI Health Link Demonstration (Susan Yontz/Kelly Kuzak/Tony Ward)
 - ii. Electronic Consent Management System (Chuck Dougherty)
 - e. November Meeting – Long-Term Care

- i. Chair Dr. Forzley mentioned that Home Health could be part of the upcoming Long-Term Care discussion.
 - ii. Commissioner Milewski supported the idea of looking at Long-Term Care.
 - f. Ms. Vanderstelt noted that the role of the commission will be changing in 2015 from overseeing the implementation of the federal grant program to exploring how the technology funded by the grant is being used going forward.
- 7. MiHIN Board Update
 - a. Ms. Vanderstelt noted that representatives from a number of new organizations including Prepaid Inpatient Health Plans (PIHP) have been added to the MiHIN board and working groups.
 - b. Ms. Vanderstelt also noted that Commissioner Lyon would no longer be serving as the Department's representation on the MiHIN board and that a replacement would need to be nominated.
 - c. Ms. Vanderstelt also mentioned that MDCH Chief Deputy Director Tim Becker will begin serving on the commission in place of Commissioner Lyon in January.
- 8. HIT Commission Composition
 - a. Ms. Vanderstelt noted that the commission had expressed some interest in identifying a new co-chair and representative to the MiHIN board.
 - b. Ms. Vanderstelt asked that commissioners who would like to serve in one of these positions contact her in the short-term.

D. Medicaid and Medicare Dual Integration Project – MI Health Link

- 1. Chair Dr. Forzley introduced Ms. Susan Yontz, Director of the Integrated Care Division, and asked her to present on the MI Health Link Demonstration project. The PowerPoint slides for this presentation will be made available on the website after the meeting.
 - a. Ms. Yontz reviewed the history of the demonstration, and she explained that the purpose of the project is to align Medicare and Medicaid benefits and payments and to develop a coordinated delivery system.
 - b. Ms. Yontz emphasized that the demonstration project is being designed for individuals who are eligible for Medicare and Medicaid and that the project will be operated in four regions: the Upper Peninsula, Southwest Michigan, Wayne, and Macomb).
 - c. Ms. Yontz noted that enrollees will receive services through a collaboration between newly created Integrated Care Organizations (ICOs) and Prepaid Inpatient Health Plans (PIHPs).
 - i. Ms. Yontz explained that the ICOs will manage acute, primary care, pharmacy, and dental benefits as well as long-term supports and services.
 - ii. Ms. Yontz explained further that PIHPs will be responsible for all behavioral health services for enrollees.
 - d. Ms. Yontz highlighted recent progress on the demonstration including signing of the Memorandum of Understanding with the federal government, conducting readiness reviews for the ICOs, and signing contracts with the ICOs, and receiving approval from the federal government for the 1915 B and 1915 C waivers.
 - e. Ms. Yontz mentioned that the demonstration will use a combination of voluntary and auto enrollment procedures.

- f. Ms. Yontz also noted that Michigan had been awarded a grant to assist with implementation of the demonstration including the creation of an Ombudsman program.
 - g. Chair Dr. Forzley asked whether are any difference in what an individual would receive in this program as opposed to an individual just receiving Medicare and Medicaid services. Ms. Yontz explained that enrollees could receive certain supplemental community-based services that are not traditionally offered through the waiver.
 - h. Ms. Yontz highlighted the challenges that allowing individuals to opt-in/opt-out of the program every month will create for care coordination but noted that each individual will be linked to a care coordinator who will help assist with coordinating their services.
 - i. Ms. Yontz also highlighted several challenges for implementing the demonstration successfully including leveraging technology to support care coordination, encouraging ICOs and PIHPs to work together, and integrating Long-Term Supports and Services.
- 2. Chair Dr. Forzley introduced Ms. Kelly Kuzak of the Altarum Institute and Mr. Tony Ward of MiHIN, who would be presenting on the development of the Care Bridge component of the demonstration. The slides for this presentation will be made available on the website after the meeting.
 - a. Ms. Kuzak noted that she is currently serving as the co-chair for the Care Bridge Information Technology Work Group along with Ms. Cynthia Green-Edwards.
 - b. Ms. Kuzak explained that the purpose of the Care Bridge is to bridge the gap between physical health and behavioral health services.
 - i. Ms. Kuzak noted that are two parts to this process: implementing a care coordination framework and leveraging technology to support care coordination.
 - ii. Ms. Kuzak explained that the care coordination process involves conducting an individual screening and developing a person-centered plan and Integrated Care Bridge Record (ICBR).
 - iii. She explained further that each ICO is creating a secure care coordination platform to house these ICBRs and that the purpose of the workgroup is to identify standard data elements to exchange between ICOs and PIHPs related to the ICBR.
 - c. Mr. Ward outlined the legal framework for the ICBR including the data sharing agreement, use care summary, and use case implementation guide.
 - d. Mr. Ward noted that the purpose of the ICBR is to provide a holistic view of the individual and to reduce how often a consumer has to repeat their information.
 - e. Mr. Ward mentioned that the ICBR use case will also leverage existing infrastructure such as the MiHIN Common Gateway so that an individual's ICBR can follow them across ICOs if necessary.

- f. Commissioner Lee asked if each ICO is responsible for procuring its own EHR and whether providers would be able to connect to it.
 - i. Mr. Ward explained that a standard data schema is being created for the ICBR but that the ICO would be responsible for its internal systems.
 - ii. Ms. Green-Edwards explained further that each ICO will use its own EHR and establish its own framework for granting access to information.
 - iii. Commissioner Lee asked whether the ICO would function as an HIE.
 - iv. Mr. Ward and Ms. Green-Edwards noted that it could and that it depends on how the ICO chose to integrate with the system.
 - g. Commissioner Rinvelt asked about what companies are participating as ICOs, and Mr. Ward provided some examples.
 - h. Mr. Ward introduced the data schema draft and noted that it had been developed by the ICOs and PIHP in region 4.
 - i. Mr. Ward noted that MDCH is looking for the ICOs and PIHPs across the demonstration to agree on a data schema.
 - ii. Ms. Vanderstelt noted that Mr. Thomas Lauzon, a former member of the HIT Commission, is involved in this effort.
 - i. Mr. Ward noted that the Work Group is attempting to align the data schema with industry standards.
3. HIT Commission Discussion
- a. Commission Rinvelt asked how the common consent form fits into this project.
 - i. Mr. Ward noted that the Common Gateway includes a consent process that allows for querying on consent.
 - ii. Ms. Vanderstelt explained further that the common consent form allows for permission to share information and that the ICBR will help individuals and organizations move information around in a standard fashion.
 - b. Commissioner Notman inquired about whether this work on the ICBR could be leveraged outside of the four demonstration regions, and Mr. Ward responded that MiHIN could use the same standards and the common gateway to loop in individuals outside the demonstration.
 - c. Commissioner Milewski asked if the demonstration is being implemented now.
 - i. Ms. Kuzak explained that the demonstration will start in the UP on January 1st and that the data sharing components would be implemented over the course of the demonstration.
 - ii. Ms. Yontz echoed Ms. Kuzak's point on working with the ICOs and PIHPs to implement the technological components over time.
 - iii. Ms. Green-Edwards noted Region 4's progress on developing the ICBR schema and also highlighted the option for ICOs to use Direct technology if necessary.
 - d. Commissioner Lee inquired about how many beneficiaries would be part of the demonstration. Ms. Yontz estimated that 20,000 individuals would be eligible and that 10,000 enrollees would be a good starting point.

4. Public Comment

- a. Mr. George Bosnjak of Great Lakes Health Connect asked whether the ICOs had contemplated leveraging universal patient records being developed in Michigan.
- b. Ms. Green-Edwards explained that the technology choice belongs to the ICOs and that the state is working with the ICOs and PIHPs to develop necessary standards and ensure beneficiary access.
- c. Mr. Bosnak noted that Great Lakes Health Connect would be happy to work with the ICOs on technology issues for the demonstration.

E. Washtenaw's Pathway to Exchanging Behavioral Health

1. Chair Dr. Forzley introduced Mr. Mike Harding, CIO of the Washtenaw Health Organization, who presented on his organization's work related to the electronic management of consent. The slides for this presentation will be made available on the website after the meeting.
 - a. Mr. Harding provided an overview of his organization and explained how data sharing is critical in improving the quality of care for individuals with behavioral health needs.
 - b. Mr. Harding also noted that Washtenaw's project is tied to the statewide project on developing a common consent form.
 - c. Mr. Harding highlighted the involvement of multiple providers and organizations in data sharing efforts within Washtenaw County including the Community Mental Health Service Provider, University of Michigan (U of M) hospital system, contracted providers, public health department, and community partners.
 - d. Commission Rinvelt asked whether integration efforts with U of M focused on the psychiatric emergency center, and Mr. Harding replied that the efforts involved integration with the whole U of M health system.
 - e. Mr. Harding provided an overview of how his organization and the U of M Health System are connected to a common portal through Great Lakes Health Connect.
 - f. Mr. Harding noted how his organization and U of M are using an earlier version of the consent form to secure consent from individuals to share behavioral health information.
 - g. Mr. Harding noted that Washtenaw is using an all-or-nothing model in terms of electronically exchanging behavioral health information, which helps prevent issues with missing information and is much easier to accomplish on the technical side.
 - h. Mr. Harding emphasized the importance of training staff to administer the consent process and developing partnerships with other agencies and providers.
 - i. Chair Dr. Forzley asked whether there is a significant difference between the form that Mr. Harding is using and the version that MDCH will soon release.
 - i. Mr. Harding noted that there is not much of a difference.
 - ii. Ms. Vanderstelt clarified that MDCH is addressing readability with the form.
 - j. Mr. Harding walked through the value of sharing information between behavioral health and physical providers and highlighted the benefits of reducing the duplication and improving the coordination of services.
 - k. Mr. Harding identified some ongoing efforts to integrate juvenile detention centers into this data sharing project in order to help individuals transition back to the community and to reduce recidivism.
 - l. Mr. Harding noted that Michigan is ahead of the curve in terms of sharing information between physical health and behavioral health providers.

- m. Mr. Harding emphasized the importance of having the HIT Commission support the linking of communities to HIEs and breaking down of technical barriers between providers and agencies.
- 2. HIT Commission Discussion
 - a. Commissioner Matthews asked what the difference is between Stage 1 and Stage 2 of this project.
 - i. Mr. Harding noted that his organization may be moving away from using portals as part of this process.
 - ii. Commissioner Matthews asked if behavioral health organizations usually generate the consent form and what organizations are typically included on the consent form.
 - iii. Mr. Harding noted that the form sometimes originates with the physical health provider and that the organizations included on the form vary with the individual.
 - b. Deputy Director Becker asked if there is an entity acting as the gatekeeper for enforcing the “all-or-nothing” approach to sharing information. Mr. Harding explained that not all of the information is stored within the HIE and cannot be viewed by everyone and that the HIE could play a gatekeeper function in terms of managing access based on consent.
 - c. Commissioner Davenport asked whether every individual with a behavioral health need is legally able to consent.
 - i. Mr. Harding noted that a parent or guardian may assist the individual with the process.
 - ii. Ms. Vanderstelt noted that MDCH was addressing readability with the form and developing a FAQ to assist individuals with understanding and participating in the consent process.

F. Consent to Share Certain Behavioral Health Information – Public Act 129 of 2014

- 1. Chair Dr. Forzley asked Ms. Vanderstelt to provide an update on the development and implementation of the Common Consent Form under Public Act 129 of 2014.
 - a. Ms. Vanderstelt provided an overview of the development of the form and accompanying educational documents.
 - b. She also noted that MDCH will have to revisit and potentially revise the form every year in accordance with the legislation.
 - c. Ms. Vanderstelt noted that providers do not have to use the form under Public Act 129 but are required to honor and accept it.
- 2. HIT Commission Discussion
 - a. Chair Dr. Forzley asked whether MDCH is developing training materials for individuals and providers.
 - i. Ms. Vanderstelt noted that the Michigan Health and Hospital Association and the Michigan State Medical Society have been involved in the development of the form and educational materials.
 - ii. Ms. Vanderstelt also noted that the Department had reached out to the Supreme Court Administrative Office, drug courts, and Health Care Law section of the Michigan Bar regarding the form.
 - b. Commissioner Lee asked whether consumers need to provide exact spellings of provider names on the form.
 - i. Ms. Vanderstelt notes that providers could leverage their current consent protocols for handling misspellings.

- ii. Mr. Jeff Chang of PCE noted that a misspelling technically invalidates a consent under 42 CFR Part 2. He also noted that organizations may be able to leverage an electronic directory in the future to help reduce errors.

G. Electronic Consent Management

1. Chair Dr. Forzley introduced Mr. Chuck Dougherty, who is CIO of the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties and would be presenting on the efforts of the CIO Forum to develop an electronic Consent Management System (eCMS). The slides for this presentation will be made available on the website after the meeting.
 - a. Mr. Dougherty explained the role of the CIO Forum and The Standards Group in this effort. He also highlighted the involvement of MDCH, Community Mental Health Organizations, PIHPs, providers, consumers, and advocates in developing a statewide approach to consent.
 - b. Mr. Dougherty provided an overview of how the CIO Forum has been working to improve data sharing in behavioral health by addressing three issues:
 - i. Lack of Common Statewide Consent Process – Public Act 129 and the soon-to-be-released standard consent form will address this issue.
 - ii. Lack of Standard for Content – The CIO Forum released a standard Continuity of Care Document which includes behavioral health elements.
 - iii. Lack of Infrastructure – The CIO Forum released descriptions of the technical sharing standards for behavioral health information: this is the eCMS model.
 - c. Mr. Dougherty provided a walkthrough of the eCMS model and emphasized that the model is standards-based, inclusive, and vendor-agnostic. He also noted that the model offers vendors a roadmap for programming that is rigid enough to provide precise functionality but flexible enough to handle different methods of operation.
 - d. Mr. Dougherty noted that the model offers multiple models for querying for consent and outlines three specific roles for entities involved in the consent management exchange process.
2. Mr. Dougherty introduced Mr. Mark Madrilejo of Network 180, who would provide additional details on the technical specifications.
 - a. Mr. Madrilejo acknowledged the tremendous strides that Washtenaw County had made in implementing an ECMS.
 - b. Mr. Madrilejo outlined the functions of the eCMS in terms of obtaining consent, holding and managing the consent form, and using the consent form as well as the roles of different entities in this model.
 - c. Mr. Madrilejo emphasized the need for a directory for all systems and providers in order to effectively manage consent but noted that the specification does not require a specific architecture for this directory.
 - d. Mr. Madrilejo outlined three configurations for this model:
 - i. HIE A – The content repository is stored within the HIE.
 - ii. HIE B – The content repository is managed by a third-party clearing house.
 - iii. HIE C – The content repository is held by the community mental health service provider.
 - e. Mr. Madrilejo also reviewed options and challenges for turning this process into a use case.
 - f. Mr. Madrilejo noted that the HIT Commission could support this activity by endorsing the standard and encourage HIEs and other qualified organizations to incorporate the necessary components into their infrastructure.

3. HIT Commission Discussion

- a. Chair Dr. Forzley noted the importance of addressing the usability factor for this technology and having this functionality integrated into the provider's work space. He also raised the issue of how the "break the glass" scenario fits into this model.
- b. Mr. Dougherty clarified that the CIO Forum did not place requirements in specification in terms of how the eCMS fits into a provider's EHR. He also noted that there had been some discussion around use cases for the "break the glass" scenario.
- c. Ms. Vanderstelt noted that the Operations Sub-Workgroup for the MDCH Consent Form Workgroup had considered the eCMS specification and recommended that it should be introduced into the MiHIN use case factory.

H. HIT Commission Next Steps

1. Chair Dr. Forzley invited Ms. Helen Hill of the Michigan Health Information and Management Systems Society to provide an update on National Health IT Week.
 - a. Ms. Hill provided an overview of the recent HIMSS Public Policy Summit in DC. She noted that HIMSS made three requests to Congress as part of this trip:
 - i. Have the Office of the National Coordinator for Health Information Technology (ONC) develop an interoperability roadmap with 18 months for vendors to adapt to it and another 18 months for providers and consumers to adopt it;
 - ii. Maintain the budget appropriation for ONC at \$75 million; and
 - iii. Increase access and facilitate payment for telehealth services.
 - b. Ms. Hill also highlighted the upcoming Midwest Fall Technology Conference for November 13 – 15, 2014.
 - c. Ms. Hill also provided an update on the recent Michigan HIMSS Conference.
 - d. Ms. Hill noted that she had been awarded the chapter's advocate of the year award.
2. Ms. Vanderstelt noted that the next meeting would be held on November 20th and that the commission would not have a December meeting.
3. Ms. Vanderstelt also noted that the HIT Office was working on developing a draft of the annual report and will have a finalized document ready for review in January or February.
4. Ms. Vanderstelt also noted that the commission would review the Wheel of HIT in November and identify topics for 2015.

I. Public Comment

1. Chair Dr. Forzley opened the discussion to public comment.
 - a. Mr. Chang noted that ONC and the Substance Abuse and Mental Health Services Agency have spent millions of dollars on consent management and not one of their projects has gotten off the ground while Washtenaw and U of M have built a eCMS without federal support.
 - b. Mr. Doug Copley provided an update on the activities of the Michigan Healthcare Cybersecurity Council.
 - i. Mr. Copley noted that there was some discussion about the National Public Health Safety Initiative, which is related to addressing serious safety events with HIT, and asked whether anyone had seen a white paper from ECRI on this issue.
 - a. Chair Dr. Forzley provided some background on the history of ECRI.
 - b. Mr. Phil Kurdunowicz noted that this issue had been discussed at the ONC Conference last year and that he would work to find and share this paper.

- ii. Mr. Copley noted that the Cybersecurity Council had been working on addressing the Shellshock vulnerability.
- iii. Mr. Copley also highlighted the council's work on the incident response plan draft, security framework, collaboration platform, and medical device survey.
- iv. Mr. Copley also noted he had participated on behalf of Michigan in the recent HITRUST meeting.
- v. Mr. Copley also noted that discussions were ongoing in terms of integrating health care scenarios into the State of Michigan Cyber Range.
- vi. Mr. Copley also noted that the council was exploring opportunities to make interactive security awareness training available for physicians through the MI Deal program.
- vii. Mr. Copley also highlighted the upcoming Cyber Tabletop exercise and Michigan Cyber Summit.

J. Adjourn – Chair Dr. Forzley adjourned the meeting at 3:26 p.m.